

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐ Check if different than previously reported. (ACC)

Indianapolis

IN

46268

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00170258

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer

Mr. Gregg A. Dykstra J.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
08 16 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">15730.04</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">75040.16</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">44391.06</span>	<span style="border: 1px solid black; padding: 2px;">234249.30</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">119431.22</span>	<span style="border: 1px solid black; padding: 2px;">249979.34</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">68780.03</span>	<span style="border: 1px solid black; padding: 2px;">199328.15</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">50651.19</span>	<span style="border: 1px solid black; padding: 2px;">50651.19</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31417.32	155721.19
(ii) Unitemized .....	5967.32	62341.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37384.64	218062.85
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	15391.42
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ▶	44384.64	233454.27
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	769.34
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.42	25.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶	44391.06	234249.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ▶	44391.06	234249.30

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	280.03	1078.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	280.03	1078.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68000.00	201000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	500.00	-2750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	68780.03	199328.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68780.03	199328.15

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	44384.64	233454.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44384.64	233454.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	280.03	1078.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	769.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	280.03	308.81

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

This amended report corrects Dan Hernandez's information.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Cathy M. Adcock**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : AB8E28BC06D404C8A9F1**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Todd E. Albert**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : ABFA2636B09F0462FA74**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Todd E. Albert**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : AC99C6F8859864F75B7E**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 78  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bruce Albro**

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : A92A8E3C3815F4089868**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Alighieri**

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual Fire Insurance

Occupation  
Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 12 / 2013

**Transaction ID : ABBA54566709B42C5940**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas Alighieri**

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual Fire Insurance

Occupation  
Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 26 / 2013

**Transaction ID : A7C2CC0B304594AE8876**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 78  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Neil Alldredge**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : A89A2DF9DA0C2480A980**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Diane Allen**

Mailing Address 6101 Anacapi Blvd

City State Zip Code  
 Lansing MI 48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Vice President-Personnel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A5A7AA2C711194592AEE**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Leonard Almquist**

Mailing Address PO Box 9062

City State Zip Code  
 Williamsville NY 14231-9062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie & Niagara Insurance Association

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : A377E9A064D6F4C078EA**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dan Anderson PFMM**

Mailing Address PO Box 276

City

Canton

State

SD

Zip Code

57013-0276

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farm Mutual Insurance Company of Linco

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 04 / 2013

Transaction ID : A6DF9438685B94594A39

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael D. Baker**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2013

Transaction ID : A9E1F9707FE234A9CAAF

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mr. John S. Benson**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President, CEO & Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.68

Date of Receipt

06 / 07 / 2013

Transaction ID : A9390F99DDD1D48CB9BD

Amount of Each Receipt this Period

115.39

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

490.39

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John S. Benson**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President, CEO & Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

06 / 21 / 2013

**Transaction ID : A95A06508FB3C46018E6**

Amount of Each Receipt this Period

115.39

Full Name (Last, First, Middle Initial)

**B. Mr. Larry A. Bray CPCU**

Mailing Address PO Box 7988

City

Madison

State

WI

Zip Code

53707-7988

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wisconsin Reinsurance Corporation

Occupation

VP of Client Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : AB759EF856AC54034B22**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Ms. Heather Brown**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Personal Lines Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A89B1483C4B4F4F8A85C**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.39

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Heather Brown**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Personal Lines Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : A6AF400C4DA5F4778A5E**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bob I. Buchanan**

Mailing Address 6101 Anacapi Blvd

City

Lansing

State

MI

Zip Code

48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Info. Systems &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : ADB7B7D922EB6447896C**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mike Bush**

Mailing Address PO Box 860

City

Bryant

State

AR

Zip Code

72089-0860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers Union Mutual Insurance Company

Occupation

Vice President/Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : A481C17D8932146DFA2B**

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

672.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 78  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Ginny Caro**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President of Claims Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.92

Date of Receipt

06 / 14 / 2013

Transaction ID : ABBAAFB80B3A5456EBD

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Ms. Ginny Caro**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President of Claims Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

541.58

Date of Receipt

06 / 28 / 2013

Transaction ID : AC7914E90072847F0A92

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mr. Charles M. Chamness**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1970.00

Date of Receipt

06 / 13 / 2013

Transaction ID : A76AA8B04F6C547A7A38

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.32

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Steve H. Chevalier**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AD7956DA7499E485AB80**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Chisholm**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Assistant Vice President & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AE94FABDD1CD44801B3D**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alexander Clark**

Mailing Address 57 Washington St

City

Quincy

State

MA

Zip Code

02169-5303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quincy Mutual Fire Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2013

**Transaction ID : A2AA1E8146B11477EAC2**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Coe**

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AD0B0398E2D4145B4AF9**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Coe**

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : AF57652101A5941539DD**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Mr. Warren Coleman**

Mailing Address 633 E Market St

City State Zip Code  
Harrisonburg VA 22801-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockingham Mutual Insurance Company

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : A5BF96D494E544FE280B**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

328.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Darwin G. Copeman CPCU**

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewelers Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : AA5A475CBF90249799C4**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Ms. Debra Cusimano**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Accounting/Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A567346335E314C74A70**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Day**

Mailing Address PO Box 36

City

Wooster

State

OH

Zip Code

44691-0036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Reserve Mutual Casualty Compan

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AC6ECC9DE00994832899**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

775.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dan DeArment**

Mailing Address PO Box 646

City State Zip Code  
 Bedford PA 15522-0646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Friends Cove Mutual Insurance Company

Occupation  
 President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 21 / 2013

**Transaction ID : A51AD0DAAB567487AB90**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph DeChatelets CPCU**

Mailing Address PO Box 5626

City State Zip Code  
 Rockford IL 61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rockford Mutual Insurance Company

Occupation  
 President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : A59E8D0F322742D68F0**

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rick DeGraw**

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation  
 COO & Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 14 / 2013

**Transaction ID : A9258EBEE342D4BC3B03**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1391.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Rick DeGraw**

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

COO & Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : A06C41278AB7A4BB3BED**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Ms. Rebekah L. Deters**

Mailing Address PO Box 207

City State Zip Code  
 Teutopolis IL 62467-0207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Home Farmers Mutual Insurance Company

Occupation

Office Manager/Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2013

**Transaction ID : A222EC83C1997453CB43**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Robert Detlefsen PhD**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2013

**Transaction ID : A674D69501F7242798E4**

Amount of Each Receipt this Period

43.48

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

585.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Bernie Dochnahl**

Mailing Address 1460 Wells St

City State Zip Code  
Enumclaw WA 98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Enumclaw Insurance Company

Occupation  
Board of Trustees

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : A1DB483270418485FAE5**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Charles W. Drier**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A9797C1327FA2426CB6D**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Mr. Gregg A. Dykstra J.D.**

Mailing Address 3601 Vincennes Rd

City State Zip Code  
Indianapolis IN 46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.08

Date of Receipt

06 / 13 / 2013

**Transaction ID : ACF1CD4B2272046BD92E**

Amount of Each Receipt this Period

96.16

**SUBTOTAL** of Receipts This Page (optional)..... ►

1171.16

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Fred A. Edmond CPCU, CIC**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

06 / 07 / 2013

Transaction ID : A3D3836A0FF4747F9B01

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

**B. Mr. Fred A. Edmond CPCU, CIC**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

06 / 21 / 2013

Transaction ID : AA8401771FBCF4918B9D

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew M. Eriksen**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2013

Transaction ID : A8317EDF096304440A1B

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

254.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen F. Fabian**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President, Chief Information Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

06 / 13 / 2013

**Transaction ID : A437F3C0BE9D84A28A7D**

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

**B. Ms. Gayle Fisher**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President-Life Operatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A6B16BEBEE2DF47D6A3E**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Mr. George W. Francis**

Mailing Address 101 High St

City

Norwich

State

CT

Zip Code

06360-5605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Vice President-Marketing & Commercial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AC7E44840BEE9485B8BD**

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel Frost**

Mailing Address 306 N Johnson St

City

Harvard

State

IL

Zip Code

60033-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dunham & Chemung Mutual Insurance Comp

Occupation

CEO/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A97D1A4EAA5A6470EA16**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Philip M. Fullenkamp**

Mailing Address 1 Insurance Sq

City

Celina

State

OH

Zip Code

45822-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Celina Mutual Insurance Company

Occupation

Senior Vice President - CFO and Treasu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A21B0955F40D04318AEA**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeff Gans**

Mailing Address 2300 Garden Rd

City

Monterey

State

CA

Zip Code

93940-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California Capital Insurance Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A9E93CB2FA8D149D287C**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Randy Gerdes**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President of Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

06 / 14 / 2013

**Transaction ID : ABF8ABF609BC743A7BB8**

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**B. Mr. Randy Gerdes**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President of Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.92

Date of Receipt

06 / 28 / 2013

**Transaction ID : A80F479D4B1DB4650840**

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**C. Mr. Bryan Gilleland**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.64

Date of Receipt

06 / 07 / 2013

**Transaction ID : ABCFC62F7AB164D0F888**

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bryan Gilleland**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

06 / 21 / 2013

**Transaction ID : A0F32BE6085CF4E6A821**

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. Ms. Linda Graham**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A72C6FCAC792145E2AE1**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jimi Grande**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1022.02

Date of Receipt

06 / 13 / 2013

**Transaction ID : ACB9F9F99AE324437B26**

Amount of Each Receipt this Period

113.64

**SUBTOTAL** of Receipts This Page (optional)..... ►

377.11

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan C. Grether MSIM, CPCU**

Mailing Address PO Box 370

City State Zip Code  
Algona IA 50511-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacists Mutual Insurance Company

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 04 / 2013

**Transaction ID : AA10AC573D6A0478AB28**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mr. E. Bulkeley Griswold**

Mailing Address PO Box 40

City State Zip Code  
Norwich CT 06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New London County Mutual Insurance Com

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 03 / 2013

**Transaction ID : A3B1236DC764840DC92D**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**c. Mr. Ron D. Hallenbeck CPCU**

Mailing Address PO Box 712

City State Zip Code  
Des Moines IA 50306-0712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Employers Mutual Casualty Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 03 / 2013

**Transaction ID : AD18A50BE0F3D42DB8CB**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William Hanby**

Mailing Address PO Box 5626

City State Zip Code  
 Rockford IL 61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Mutual Insurance Company

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : A90A27411B5EA49A883B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. F. Timothy Hegarty Jr., CPCU**

Mailing Address 222 Ames St

City State Zip Code  
 Dedham MA 02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 12 / 2013

**Transaction ID : A932A1325559E41409FD**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mr. F. Timothy Hegarty Jr., CPCU**

Mailing Address 222 Ames St

City State Zip Code  
 Dedham MA 02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 26 / 2013

**Transaction ID : A0C4F98E0944542BD973**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dan Hernandez**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President, Small Business Center

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 14 / 2013

**Transaction ID : A0F4B503ACC204DD3B76**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Mr. Dan Hernandez**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President, Small Business Center

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.79

Date of Receipt

06 / 28 / 2013

**Transaction ID : A7D35AAB77FB844FC8B1**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Mr. David F. Honold**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

923.16

Date of Receipt

06 / 07 / 2013

**Transaction ID : A37BA05D920AB404387A**

Amount of Each Receipt this Period

76.93

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

118.59

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David F. Honold**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

06 / 21 / 2013

**Transaction ID : ABB15061891E8409989E**

Amount of Each Receipt this Period

76.93

Full Name (Last, First, Middle Initial)

**B. Ms. Nancy Howell Agee**

Mailing Address 633 E Market St

City

Harrisonburg

State

VA

Zip Code

22801-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockingham Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : AAED9BF8C2FEF47A1B17**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard D. Hundven**

Mailing Address PO Box 432

City

Buckley

State

WA

Zip Code

98321-0432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

Vice President - Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A631C8DD4D5204E0D873**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.93

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy R. Hyle CPA**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Director of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 03 / 2013

**Transaction ID : A958DB4297E024120ABF**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Ms. Judy S. Jackson**

Mailing Address PMB 595  
 3823 Tamiami Trail East

City State Zip Code  
 Naples FL 34112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 03 / 2013

**Transaction ID : A84066A0FC410402390C**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Ms. Theresa Jakubick**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 03 / 2013

**Transaction ID : A38F875577F764F71ACC**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

445.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Theresa Jakubick**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : A55C5975A9A9C4D94B14**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. David B. Johnson**

Mailing Address 13 Idlewood Blvd

City State Zip Code  
 Staunton VA 24401-9355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Augusta Mutual Insurance Company

Occupation  
 Executive Vice President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AA7797CCC6DE849749EE**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dina L. Johnson**

Mailing Address PO Box 5626

City State Zip Code  
 Rockford IL 61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rockford Mutual Insurance Company

Occupation  
 Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A31EF64ADFFC6498AB92**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

770.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Johnston**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
State Affairs Manager, Midwest Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : A3221AF927AEB422996F**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Rick Jones**

Mailing Address 3030 N 3rd St

City  
Phoenix

State Zip Code  
AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCF Arizona

Occupation  
EVP - Chief Sales & Business Developme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

06 / 14 / 2013

**Transaction ID : A9900170A3F6F4007A2A**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rick Jones**

Mailing Address 3030 N 3rd St

City  
Phoenix

State Zip Code  
AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCF Arizona

Occupation  
EVP - Chief Sales & Business Developme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

06 / 28 / 2013

**Transaction ID : AA70AC82E36F7475FB36**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

590.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Karol**

Mailing Address 122 C St NW Ste 540

City State Zip Code  
 Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Federal Affairs Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.68

Date of Receipt

06 / 13 / 2013

Transaction ID : A8FB63CD7EEFC4EAA8D!

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

**B. Mr. Patrick D. Kennedy**

Mailing Address PO Box 5626

City State Zip Code  
 Rockford IL 61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockford Mutual Insurance Company

Occupation  
Litigation Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 04 / 2013

Transaction ID : A46CEDCA8320A40E9BCA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Patrick D. Kennedy**

Mailing Address PO Box 5626

City State Zip Code  
 Rockford IL 61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockford Mutual Insurance Company

Occupation  
Litigation Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

06 / 26 / 2013

Transaction ID : AFD809248ACED45CBA66

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.46



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Drew A. Klasing**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager, Home Office Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A30E86AC29DBF4B89A40**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kraig T. Klopfenstein**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A0FA91C8A2B394A81AFA**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew Knudsen**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A410CCFF05A554798BA8**

Amount of Each Receipt this Period

38.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Andrew Knudsen**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

06 / 21 / 2013

**Transaction ID : A4B1EC9BC04F24B9FB4F**

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**B. Mr. George Kowalsky**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AE8EBEDB2BF6847D9AA8**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Mr. Harvey Kroiz**

Mailing Address 815 Roscommon Rd

City

Bryn Mawr

State

PA

Zip Code

19010-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : ABE283BBEDC654721B16**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

763.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Justin L. Lear PFMM**

Mailing Address PO Box 396

City  
Ellinwood

State  
KS

Zip Code  
67526-0396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers Mutual Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : A24AC936EA80B44D7992**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven D. Linkous**

Mailing Address 200 N Main St

City  
Bel Air

State  
MD

Zip Code  
21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : AF433AD69644D4E9FAFD**

Amount of Each Receipt this Period

309.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey Lopata**

Mailing Address 1 Preferred Way

City  
New Berlin

State  
NY

Zip Code  
13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Manager - Commercial Lines E-Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A1D40BDCBB5FA4D72854**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

649.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert H. Lowe**

Mailing Address PO Box 9062

City

Williamsville

State

NY

Zip Code

14231-9062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie & Niagara Insurance Association

Occupation

VP/Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : A81ED3B125A9E4436B97**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Tim Lynch**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : ACDBAE22AB6B04E9ABB**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Ms. Diane Marshall**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A48638A017BBF4651AC0**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joel Matthies**

Mailing Address PO Box 468

City State Zip Code  
 Neenah WI 54957-0468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewelers Mutual Insurance Company

Occupation  
 Vice President - Information Technolog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A0C8BE49DFFE4427B897**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Mr. Phil McCain**

Mailing Address One Mutual Avenue

City State Zip Code  
 Frankenmuth MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Frankenmuth Mutual Insurance Company

Occupation  
 Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.64

Date of Receipt

06 / 07 / 2013

**Transaction ID : A50AB81A89429467C95C**

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**C. Mr. Phil McCain**

Mailing Address One Mutual Avenue

City State Zip Code  
 Frankenmuth MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Frankenmuth Mutual Insurance Company

Occupation  
 Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

06 / 21 / 2013

**Transaction ID : AE53164EFF6054EC5B57**

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

136.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joseph McCrea**

Mailing Address 1 Commerce Sq

City State Zip Code  
Philadelphia PA 19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Pennsylvania Lumbermens Mutual Insuran Senior Vice President- Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2013

**Transaction ID : AA0DB6B8C400244E3AA3**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sherry L. McKenzie AAM, AIS**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Auto-Owners Insurance Company Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2013

**Transaction ID : A05BCA74C86CA46E18FA**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian S. McLeod**

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Frankenmuth Mutual Insurance Company Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2013

**Transaction ID : AEBAF4F848A0041AABFA**

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

338.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Brian S. McLeod**

Mailing Address One Mutual Avenue

City State Zip Code  
 Frankenmuth MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Frankenmuth Mutual Insurance Company

Occupation  
 Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

06 / 21 / 2013

**Transaction ID : A028CF747E3104376803**

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**B. Mr. Mark McWethy CPA, CPCU**

Mailing Address PO Box 5626

City State Zip Code  
 Rockford IL 61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rockford Mutual Insurance Company

Occupation  
 Controller/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A57733FDB1BA944D9ACF**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. W. Neal Menefee**

Mailing Address 633 E Market St

City State Zip Code  
 Harrisonburg VA 22801-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rockingham Mutual Insurance Company

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : A74D77461BDA74481979**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

788.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin M. Meskell**

Mailing Address 57 Washington St

City State Zip Code  
Quincy MA 02169-5303

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Quincy Mutual Fire Insurance Company Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2013

**Transaction ID : A8329D0B1B3174C87981**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Middleton**

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
National Association of Mutual Insuran Vice President - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 13 / 2013

**Transaction ID : A942A795A982949C385D**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Ms. Dona L. Mohr**

Mailing Address 1725 Hopley Ave

City State Zip Code  
Bucyrus OH 44820-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Ohio Mutual Insurance Company Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2013

**Transaction ID : A38AC0B8158DA41F2937**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2585.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Dona L. Mohr**

Mailing Address 1725 Hopley Ave

City State Zip Code  
 Bucyrus OH 44820-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : A9942DA8DA425402D8AD**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Mr. William W. Montgomery**

Mailing Address 1 Insurance Sq

City State Zip Code  
 Celina OH 45822-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Celina Mutual Insurance Company

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : AFF01D5B2C42C4E9FAAF**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Charles Munday**

Mailing Address PO Box 211

City State Zip Code  
 Bryan TX 77806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RVOS Farm Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : AD76BC0F837FA4E6F9BB**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

545.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Roger E. Needham AIC, AIS**

Mailing Address PO Box 666

City State Zip Code  
Forreston IL 61030-0666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forreston Mutual Insurance Company

Occupation  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2013

**Transaction ID : AABCA0012D0604089B67**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dennis Nelson**

Mailing Address PO Box 40

City State Zip Code  
Norwich CT 06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New London County Mutual Insurance Com

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2013

**Transaction ID : AEAFA095FB77C4BD5A85**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Nelson**

Mailing Address 1460 Wells St

City State Zip Code  
Enumclaw WA 98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Enumclaw Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2013

**Transaction ID : AECC95052A40D4C74A99**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

730.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Duc Ngo**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Assistant Vice President of IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A419B4E0C10D546C4BC5**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert F. Ohler**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

06 / 13 / 2013

**Transaction ID : A6DE882581978423AB3C**

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

**C. Mr. Norman Orlowski**

Mailing Address PO Box 9062

City

Williamsville

State

NY

Zip Code

14231-9062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie & Niagara Insurance Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : A3F27BAD8AF814D79AF5**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

555.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Francis Pandolfi**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AF64C766E9CFD45478AB**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **B. Mr. James Parylak**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : ADA81CF6D9FA744CD90A**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. John A. Paul PFMM**

Mailing Address PO Box 498

City

Council Bluffs

State

IA

Zip Code

51502-0498

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Iowa Mutual Insurance Associat

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : A4C11F579A2734C48BD3**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

725.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert T. Ramsdell CPCU**

Mailing Address PO Box 40

City State Zip Code  
 Norwich CT 06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 New London County Mutual Insurance Com

Occupation  
 Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AE68ADDE1EFAD40B5960**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jonathan R. Riekse**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : AD52B969D1997445C96C**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. Mr. L. Gerald Roach CPCU, FLMI**

Mailing Address PO Box 6927

City State Zip Code  
 Richmond VA 23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mutual Assurance Society of Virginia

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : AF7F6D991450B45968DE**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

655.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Malcolm Rowland AIC**

Mailing Address PO Box 5626

City State Zip Code  
 Rockford IL 61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Rockford Mutual Insurance Company Vice President-Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 03 / 2013

**Transaction ID : A223F4038C28A495F932**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Rowlinson**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 United Ohio Insurance Company Claims Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 03 / 2013

**Transaction ID : A1433F5B17215467685B**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary Rowlinson**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 United Ohio Insurance Company Claims Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 18 / 2013

**Transaction ID : AEA826DB92F004B1EA70**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy B. Salge**

Mailing Address 309 E San Antonio St

City

New Braunfels

State

TX

Zip Code

78130-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers Mutual Fire Insurance Associat

Occupation

President/General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : A07D833264972458B96F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Linda M. Schmidt**

Mailing Address 500 South US Highway 77-A

City

Yoakum

State

TX

Zip Code

77995-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hochheim Prairie Farm Mutual Insurance

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : AEE7EC2DA27DC467E9B2**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kenneth Schroeder**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Commercial Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A59D27FA52916459FAF0**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James C. Schumacher**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Director - Agency Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A39978EC35D0643FB9A3**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Ms. Judy Schumacher**

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCF Arizona

Occupation  
Assistant Vice President of Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.20

Date of Receipt

06 / 14 / 2013

**Transaction ID : AC74B54BAF6444344A96**

Amount of Each Receipt this Period

20.85

Full Name (Last, First, Middle Initial)

**C. Ms. Judy Schumacher**

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCF Arizona

Occupation  
Assistant Vice President of Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.05

Date of Receipt

06 / 28 / 2013

**Transaction ID : AA3BD668B37A542629AE**

Amount of Each Receipt this Period

20.85

**SUBTOTAL** of Receipts This Page (optional)..... ►

81.70

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Frederick Schunter**

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A10353ADBC55349C2A7A**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kent B. Shantz**

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Mutual Insurance Company

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

06 / 26 / 2013

**Transaction ID : A133201456B954E1985A**

Amount of Each Receipt this Period

117.00

Full Name (Last, First, Middle Initial)

**C. Mr. Martin Shapiro**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A0CD26D2FED3D4518881**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

532.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William D. Sheldon**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

General Counsel and Chief Compliance O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 14 / 2013

Transaction ID : AE4088F43461E485685A

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Mr. William D. Sheldon**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

General Counsel and Chief Compliance O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

06 / 28 / 2013

Transaction ID : A38BAE5E2ACF047A4894

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Mr. Gregory Shell**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 06 / 2013

Transaction ID : A94759A99BBFF4234937

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

83.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dwight Shore**

Mailing Address PO Box 217

City

Marshall

State

IL

Zip Code

62441-0217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marshall Mutual Insurance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A056774B03FB64C20B90**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Eileen M. Sleutaris**

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : A22D62126CB7146F1A87**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steven C. Sliver CPA**

Mailing Address PO Box 577

City

Huntingdon

State

PA

Zip Code

16652-0577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual Benefit Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : ADB8E3D9DFAB44F6B8DE**

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald A. Smith Jr.**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

06 / 14 / 2013

**Transaction ID : A6F9F51BDB6244A428E1**

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

**B. Mr. Donald A. Smith Jr.**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

06 / 28 / 2013

**Transaction ID : AD17B42C093CF47409DD**

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

**C. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A9B05A029DD4C4BF5A23**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : AB058ABE27EE2483391A**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : A545F7A970A184F3FBE7**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

06 / 20 / 2013

**Transaction ID : AD3DACB51C46A45C58CA**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Franklin P. Smith Jr.**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : AD9EE9C7D40FD4233AD7**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Irica Solomon**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President of Federal and Politica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.12

Date of Receipt

06 / 13 / 2013

**Transaction ID : AF4B7CE014CDC4B7F9C1**

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

**C. Ms. Kristen Spriggs**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Member Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : AA08F5E36AB594F74BE5**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

565.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James Stabler**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President, Chief Legal Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.08

Date of Receipt

06 / 14 / 2013

**Transaction ID : AB476924B234E4F8A9A5**

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**B. Mr. James Stabler**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President, Chief Legal Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.92

Date of Receipt

06 / 28 / 2013

**Transaction ID : A9C281ADE116F42ECA5D**

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**c. Mr. Douglas E. Steele CIC, PFMM**

Mailing Address 1115 Weed Ln

City

Vincennes

State

IN

Zip Code

47591-5066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers Home Insurance Company of Knox

Occupation

General Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A712713650A674B858BE**

Amount of Each Receipt this Period

1075.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1116.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert H. Steele**

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New London County Mutual Insurance Com

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A36BDE81BC1E14899A9F**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert G. Street AIM**

Mailing Address 29 Creighton Ave

City

Foxboro

State

MA

Zip Code

02035-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

NE Casualty Claims Division Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 12 / 2013

**Transaction ID : AD7078AEA8DB8413594A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert G. Street AIM**

Mailing Address 29 Creighton Ave

City

Foxboro

State

MA

Zip Code

02035-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

NE Casualty Claims Division Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 26 / 2013

**Transaction ID : A66CB6CCA158F4CDFB05**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

415.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Tim F. Sullivan RPLU**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1193.80

Date of Receipt

06 / 13 / 2013

**Transaction ID : AFA1851B0C1D5411C961**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Mr. Terry Suttner**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.18

Date of Receipt

06 / 13 / 2013

**Transaction ID : A804E42E1A446402AAE7**

Amount of Each Receipt this Period

52.63

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey Tagsold**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A3BB2CECFD4AE4E1392F**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

233.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul Tetrault**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : A35BB08F8F3434280B52**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel J. Thelen**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President of Human Resourc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : AAC938FD4053C402BA1F**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joe Thesing**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : A920418149A9947C6AB5**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bruce D. Thomas PFMM**

Mailing Address PO Box 594

City

Algona

State

IA

Zip Code

50511-0594

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Mutual Insurance Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : A202E42C1A38E4416B03**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bruce D. Thomas PFMM**

Mailing Address PO Box 594

City

Algona

State

IA

Zip Code

50511-0594

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Mutual Insurance Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

06 / 21 / 2013

**Transaction ID : A9D3692CDA680477A9F4**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Randall Trinklein**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A4BCE40ED39374DCB8A4**

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

214.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Randall Trinklein**

Mailing Address One Mutual Avenue

City State Zip Code  
 Frankenmuth MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President of Administration

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 507.00

Date of Receipt

MM / DD / YYYY  
 06 / 21 / 2013

**Transaction ID : AE3CB199B536941ECAC2**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Ms. Pamela L. Turner**

Mailing Address 633 E Market St

City State Zip Code  
 Harrisonburg VA 22801-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Rockingham Mutual Insurance Company Director

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

MM / DD / YYYY  
 06 / 04 / 2013

**Transaction ID : ABBC436BE9F3B47C3B55**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Aaron J. Valentine**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Preferred Mutual Insurance Company Senior Vice President, Treasurer & CFO

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt

MM / DD / YYYY  
 06 / 03 / 2013

**Transaction ID : A0C8E994BCA1F451E81B**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

349.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James J. Walsh Jr.**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : AF21CE73B5A00464F83B**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ian R. Ward**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : A587BDC54209C458CBDC**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Wenger**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President and Chief P&C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : A74B5D5B139BB481F9C1**

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

179.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert A. White CIC, ARM,**

Mailing Address 1 S Wacker Dr Ste 2380

City

Chicago

State

IL

Zip Code

60606-4617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Nonprofit Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 10 / 2013

**Transaction ID : AF676CD9819BF48D88BE**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Noel A. Williams**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President of Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 14 / 2013

**Transaction ID : AAF66D9D3B6A04607BDE**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Mr. Noel A. Williams**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President of Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

06 / 28 / 2013

**Transaction ID : AB7213F29D2D741C0B12**

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

91.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

**A. Mr. William Woodbury**

Mailing Address 6101 Anacapi Blvd

City	State	Zip Code
Lansing	MI	48917-3968

FEC ID number of contributing federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

SVP, Assoc. Secretary &amp; Assoc. General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2013

Transaction ID : ACFE3F0A7239B4FCDA17

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jeffrey S. Wrobel SR, CPCU,**

Mailing Address PO Box 6927

City	State	Zip Code
Richmond	VA	23230-0927

FEC ID number of contributing federal political committee.

C

Name of Employer

Mutual Assurance Society of Virginia

Occupation

EVP, IT &amp; Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2013

Transaction ID : A602CCDACD4204075831

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. Mr. Don Yewell**

Mailing Address PO Box 5626

City	State	Zip Code
Rockford	IL	61125-0626

FEC ID number of contributing federal political committee.

C

Name of Employer

Rockford Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2013

Transaction ID : AD4BB CD9013124927BAD

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1126.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 78  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jerry G. Zenke PFMM**

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mound Prairie Mutual Insurance Company

Occupation

General Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2013

**Transaction ID : A4FCFFA57426B45E0937**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

31417.32



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 78  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Emc Corporation Political Action Committee**

Mailing Address 171 South Street

City State Zip Code  
Hopkinton MA 01748

FEC ID number of contributing  
federal political committee.

**C** C00385948

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06 / 03 / 2013**

**Transaction ID : AD666627AC50D4F21B84**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Farmers Mutual Hail Ins Co of Iowa Political Action Committee (FMH PAC)**

Mailing Address 6785 Westown Parkway

City State Zip Code  
West Des Moines IA 50266

FEC ID number of contributing  
federal political committee.

**C** C00117614

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**06 / 03 / 2013**

**Transaction ID : A88FD0FCF54CB40A9AF2**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7000.00

7000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 78

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013
**Transaction ID : BDEC8B9E531E04D3D91A**

Amount of Each Disbursement this Period

152.12

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2013
**Transaction ID : BDB96371415814ADF986**

Amount of Each Disbursement this Period

120.41

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

272.53

272.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ACTON PAC**

Mailing Address P.O. BOX 442

City	State	Zip Code
Sharpsburg	GA	30277-0442

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2013

**Transaction ID : BE07154CAB5584ACB848**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Cantor for Congress**

Mailing Address PO Box 17813

City	State	Zip Code
Richmond	VA	23226-7813

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Eric I. Cantor**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VA District: 07

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2013

**Transaction ID : BB020E23B6AE44609A59**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Joseph Crowley**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 14

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2013

**Transaction ID : B0FDF73E307824897B43**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. David Scott for Congress**

Mailing Address PO Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. David A. Scott**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BA8A1F5D3C36C45E8B24**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City	State	Zip Code
VISALIA	CA	93290

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Devin G. Nunes**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

**Transaction ID : B6C22486D30C049C2953**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Duffy for Congress**

Mailing Address PO Box 538

City	State	Zip Code
Wausau	WI	54402

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Sean P. Duffy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : B2ECBAECDBB164433A21**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS FOR GREGORY MEEKS**

Mailing Address 153-01 JAMAICA AVE. SUITE 535

City	State	Zip Code
JAMAICA	NY	11432

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Gregory W. Meeks**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BBD51226E487446B2B4C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAN KILDEE**

Mailing Address P.O. BOX 248

City	State	Zip Code
FLINT	MI	48501

Purpose of Disbursement  
Political Contribution

Candidate Name

**Daniel T Kildee**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : B59351FD3089E49978F1**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN BARRASSO**

Mailing Address PO BOX 52008

City	State	Zip Code
CASPER	WY	82605

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. John Barrasso**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: WY	District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : B75A911B41F0142FA81F**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF PATRICK MURPHY**

Mailing Address 4521 PGA BLVD. #412

City	State	Zip Code
PALM BEACH GARDENS	FL	33418

Purpose of Disbursement  
Political Contribution

Candidate Name

**Patrick Murphy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BF3A7DA8C399C45CAA91**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF TODD YOUNG, INC.**

Mailing Address PO BOX 1053

City	State	Zip Code
BLOOMINGTON	IN	47402

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Todd C. Young**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : B2484985AC34A4F06909**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Gardner for Congress**

Mailing Address PO Box 2408

City	State	Zip Code
Loveland	CO	80539-2408

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Cory Gardner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

**Transaction ID : B6E920FECB96F4555922**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Jim Jordan for Congress**

Mailing Address 1709 State Route 560 South

City	State	Zip Code
Urbana	OH	43078

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Jim D. Jordan**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2013

**Transaction ID : B811687BA75804BCBB08**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Jim Renacci for Congress**

Mailing Address 150 Smokerise Drive

City	State	Zip Code
Wadsworth	OH	44281

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Jim B. Renacci**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2013

**Transaction ID : B4713974109024EB0A2C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOBS GROWTH AND FREEDOM FUND**

Mailing Address 815 A BRAZOS PMB 550

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2013

**Transaction ID : BC5914CEE107E4A9881B**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 487

City NEW LENOX	State IL	Zip Code 60451
-------------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Adam D. Kinzinger**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2013

**Transaction ID : BA7752351AEE443B983C**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. LIBERTY PROJECT**

Mailing Address PO BOX 30844

City Bethesda	State MD	Zip Code 20824-0844
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Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other2013

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2013

**Transaction ID : B5AA16B310D544ECEAA2**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Majority Committee Pac--Mc Pac**

Mailing Address PO Box 10134

City Bakersfield	State CA	Zip Code 93389
---------------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other2013

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2013

**Transaction ID : B6ADC80229A844EDBA47**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City  
LYNDORAState  
PAZip Code  
16045Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Mike Kelly**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2013

**Transaction ID : BE5F63B42FE9744E7884**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. MODERATE DEMOCRATS PAC**

Mailing Address 303 MASSACHUSETTS AVENUE, NE

City  
WashingtonState  
DCZip Code  
20002-5701Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other2013

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BF9241D6334624AB3990**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. MORE CONSERVATIVES PAC (MCPAC)**

Mailing Address 228 S WASHINGTON ST STE 115

City  
AlexandriaState  
VAZip Code  
22314-5404Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Other2013

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BE9C63698906D4ED0BA7**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Pete Sessions for Congress**

Mailing Address PO Box 823047

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Pete A. Sessions**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

**Transaction ID : B234C944F90F843AEB23**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Tom Price**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

**Transaction ID : B46F9B6552523458E97A**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 904

City	State	Zip Code
DUNN	NC	28335

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Renee J. Ellmers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : B1DFF685223754C159BB**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Republican Mainstreet Partnership Pac**Mailing Address C/O G & W 2201 Wisconsin Ave., NW  
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BFCAA586B657D4D4A878**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Peter J. Roskam**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BF4CC2126B20C43AB811**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. SCOTT PAC**

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860-0905

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

**Transaction ID : BD0D321C5A5AA4EADB9.**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Sherman for Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Brad J. Sherman**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BB883F11C57A44D79AB1**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Southerland for Congress**

Mailing Address PO Box 1692

City	State	Zip Code
Lynn Haven	FL	32444

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Steve Southerland II**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : B5E5A28D7518648EABD3**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. STUTZMAN FOR CONGRESS**

Mailing Address PO BOX 129

City	State	Zip Code
Howe	IN	46746-0129

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Marlin A. Stutzman**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BDABC3CAE0A684065919**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. The Freedom Project**

Mailing Address 320 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

**Transaction ID : B39E90F68F97443D19B6**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tom Reed for Congress**

Mailing Address PO Box 450

City  
VictorState  
NYZip Code  
14564Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Tom W. Reed II**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : B5160AE646E624F39A39**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TRUST PAC**Mailing Address 228 S. WASHINGTON STREET  
SUITE 115City  
AlexandriaState  
VAZip Code  
22314-5404Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

**Transaction ID : BB0BAF7BC819D4884B05**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00
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68000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Dempsey for Senate**

Mailing Address Two Westbury Drive

City	State	Zip Code
Saint Charles	MO	63301-2558

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : BD8CC9D71F8644EEBA8A**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Election Fund of Senator Raymond J. Lesniak**

Mailing Address 530 Irvington Avenue

City	State	Zip Code
Elizabeth	NJ	07208-2139

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : BCC14D350DD774D0BBFB**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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1000.00
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